

# Developing a Public Policy Framework for the Use of Medication Assisted Treatment (MAT)

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# Medication Assisted Treatment (MAT)

- Pharmacotherapy for
  - **Alcohol Dependence**
    - **Naltrexone** (ReVia, Vivitrol, Depade)
      - FDA approval: 1994 (tablet); 2006 (injection)
    - **Disulfiram** (Antabuse)
      - FDA approval: 1951 (tablet)
    - **Acamprosate Calcium** (Campral)
      - FDA approval: 2004 (tablet)
  - **Opioid Dependence**
    - **Methadone**
      - FDA approval: 1947 (tablet, syrup), 1973 (solution)
    - **Buprenorphine** (Suboxone, Subutex)
      - FDA approval: 1981 (injection), 2002 (tablet)
    - **Naltrexone**
      - FDA approval: 1984 (tablet); 2010 (injection)

# Benefits and Challenges

## Benefits

Provides a whole-patient approach to addiction treatment

Focuses on individualized client care

Reinforces the concept that addiction is a medical disorder

Encourages interest from the medical community

Helps bridge the gap between behavioral and physical health

## Challenges

Change in philosophy and culture of treatment

Educating providers, clients, and referral sources

Lack of access to a prescribing physician

Fiscal limitations

Consumer compliance with medication regime

# MAT Milestones in Missouri

**November 2006: Awarded the Robert Wood Johnson Advancing Recovery Grant  
Use of Naltrexone and Acamprosate to Treat Alcohol Dependence**



**November 2007: Provider Contract Amendments added Medication Services**



**April 2008: First use of Vivitrol**



**October 2008: Advancing Recovery Grant ended / Vivitrol Change Leader  
Conference Calls Began**



**May 2009: Secured General Revenue Funding for Addiction  
Treatment Medications**

# MAT Milestones, cont.

**August 2009: Allowed Medication Services via Telehealth**



**September 2010: Began credentialing for MAT specialty**



**October 2011: Results Published on Vivitrol Study in Michigan and Missouri Drug Courts (*Journal of Substance Abuse Treatment*)**



**2012: Partnered with drug manufacturer to provide Vivitrol to St. Louis Drug Court participants prior to release from city jail**



**Present: Implementing a pilot project to provide Vivitrol to incarcerated offenders nearing release and continuing treatment in the community post-release**

# Advancing Recovery Grant

- Robert Wood Johnson Foundation Grant
- Included 23 addiction treatment providers
- Focused on people with severe alcoholism
- Used walkthrough to identify barriers
  - Changes to screening process
  - Education process for consumers
- “Change Leader” calls with program directors
- Use of Motivational Interviewing to increase client engagement early in process
- Amended contracts to pay for physician time, medications, laboratory services, etc.

# Addressing Financial Barriers

**Advancing Recovery grant helped pave the way**

**Medicaid state agency added medications to formulary**

**Legislation passed in 2009 that added funding for MAT to the state budget**

**Bulk buy opportunity (*was difficult on our end*)**

**Relationship built with drug manufacturer**

# Provider Outreach

**Contract amendments: reimbursement for medications, physician time, laboratory services, etc.**

**Condition of certification**

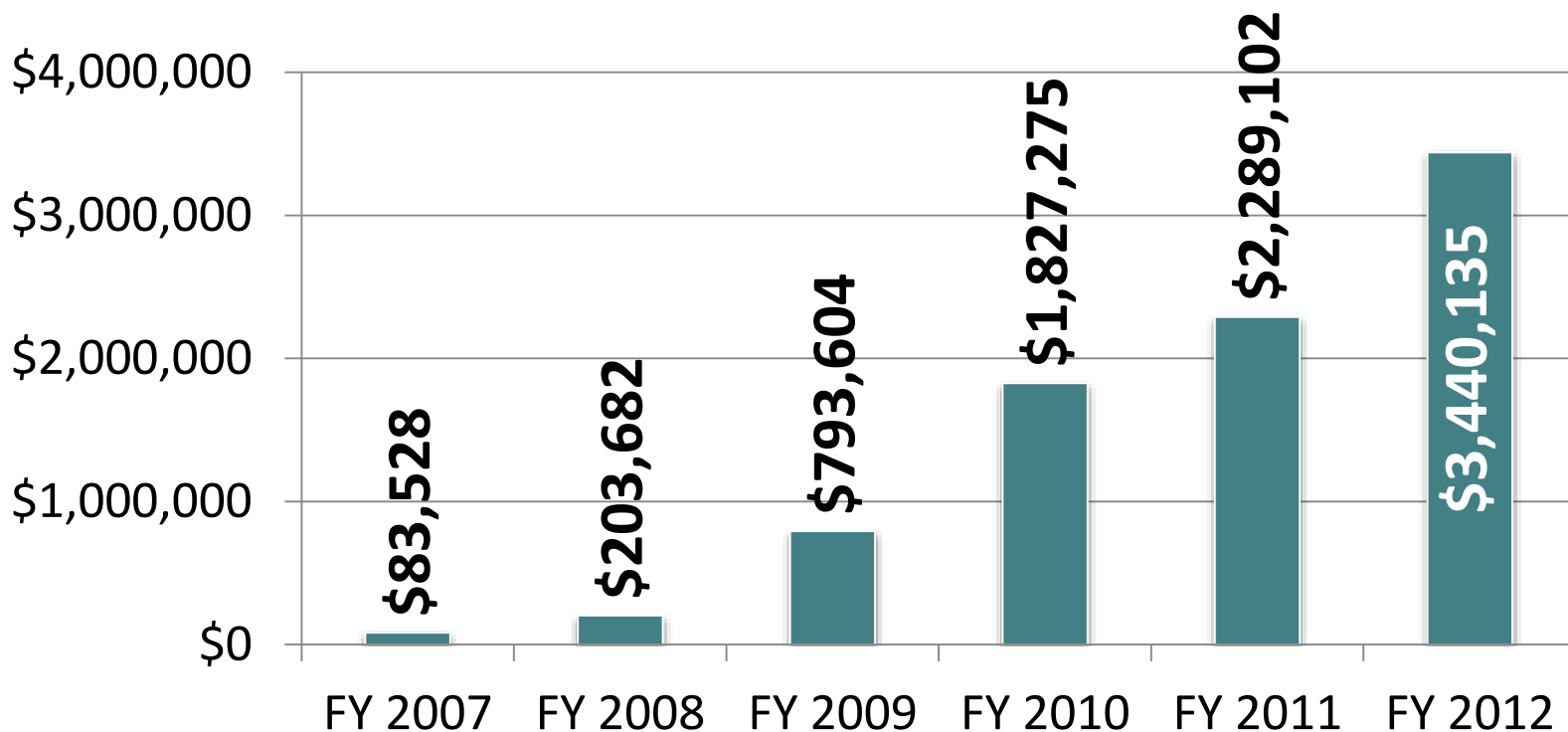
**Initial focus of “Change Leader” conference calls with program directors**

**Technical assistance and training support**

**Increased support for treatment extension by clinical utilization review**



# Expenditures for New Medications (excludes methadone)

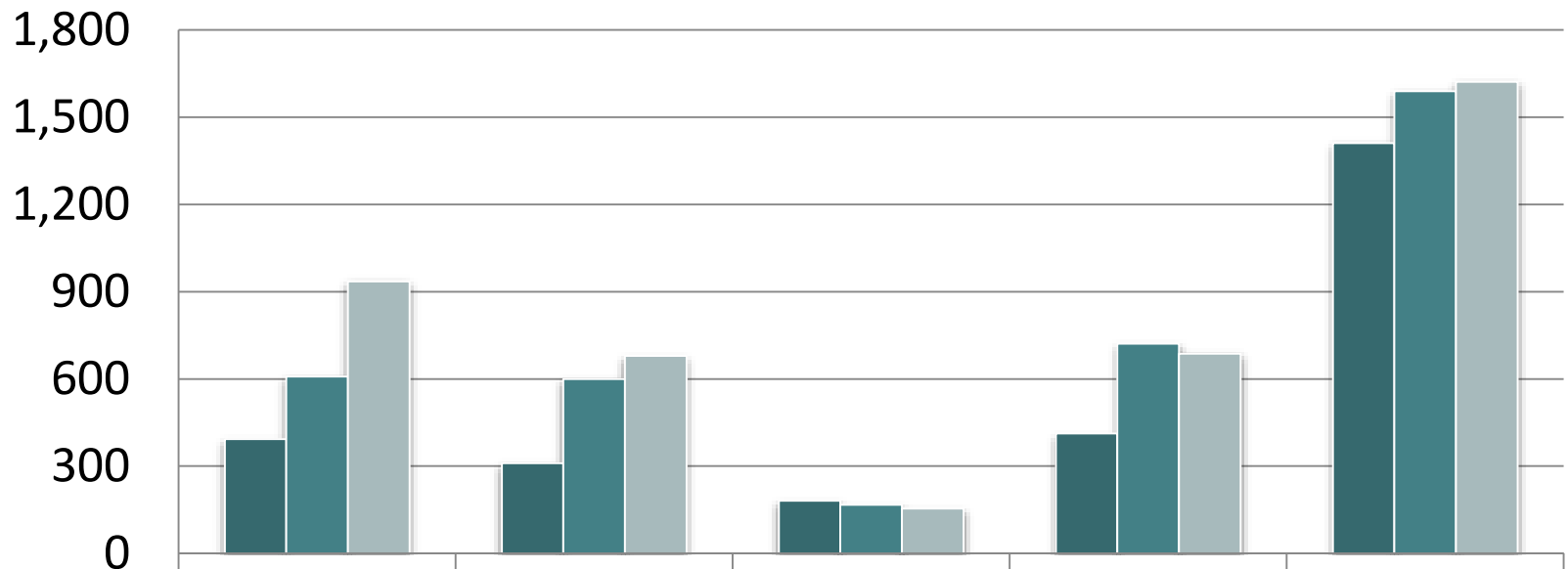


**Notes:**

Includes medication, laboratory testing, office consultation, and APN/psychiatrist/physician services.

State fiscal year runs from July – June.

# Number Served with Medications



	VIV	NAL	ACAM	BUP	METH
■ FY 2010	393	310	181	412	1,411
■ FY 2011	608	600	167	721	1,589
■ FY 2012	935	679	154	687	1,622

**Notes:**

State fiscal year runs from July – June.  
Excludes medications in detoxification.

# Demographics - Alcohol Group

	Abbreviation	Number Served	Average Age	% Male	% Caucasian
No Medication	NONE	47,606	37.3	75.5%	76.5%
Vivitrol	VIV	945	39.3	70.5%	82.5%
Naltrexone	NAL	740	40.6	60.0%	74.9%
Acamprosate	ACAM	282	42.1	58.2%	84.0%

Abbreviation	% Parole / Probation	% with DUI	% Psychiatric Problem	Average Years of Alcohol Use
NONE	57.8%	64.2%	28.7%	21.1
VIV	48.8%	64.9%	40.9%	23.6
NAL	42.0%	60.1%	58.4%	24.6
ACAM	31.6%	60.3%	70.6%	26.7

# Demographics - Opioid Group

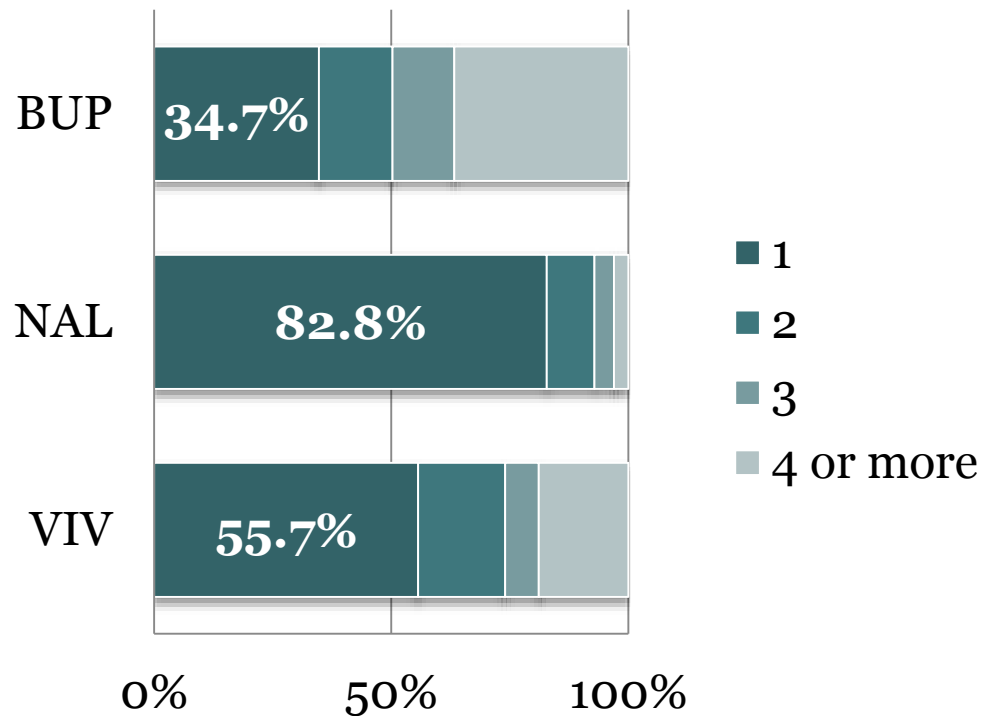
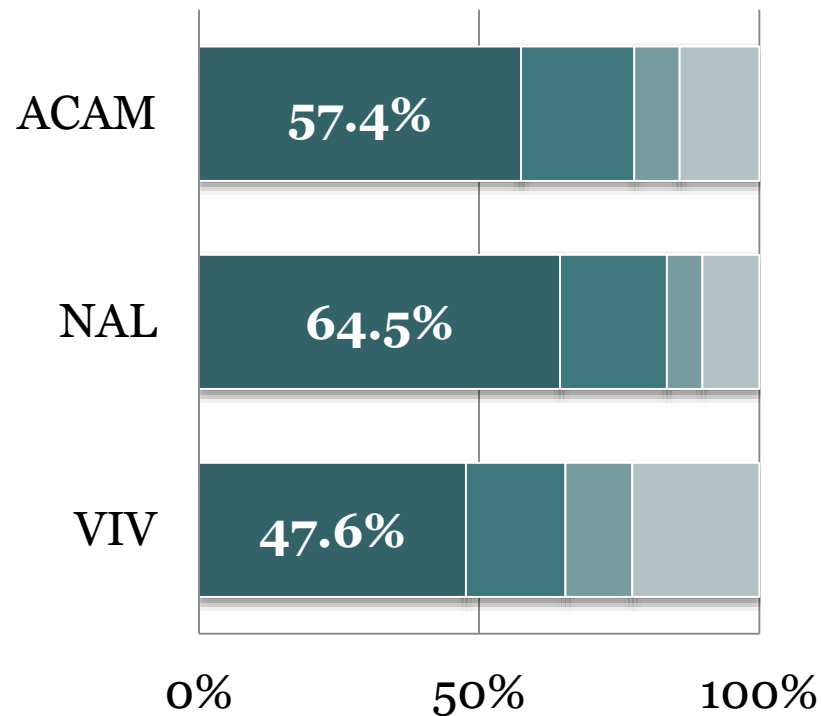
	Abbreviation	Number Served	Average Age	% Male	% Caucasian
No Medication	NONE	15,235	31.8	59.2%	79.8%
Vivitrol	VIV	927	31.1	66.9%	68.8%
Naltrexone	NAL	685	32.3	56.8%	63.9%
Buprenorphine	BUP	1,390	32.8	63.4%	64.5%
Methadone	METH	1,595	37.3	40.9%	52.5%

Abbreviation	% Parole / Probation	% Injection Users	% Psychiatric Problem	Average Years of Heroin Use
NONE	53.6%	46.4%	40.2%	9.8
VIV	66.8%	58.9%	32.6%	9.6
NAL	61.5%	54.5%	39.4%	10.0
BUP	61.0%	50.1%	37.3%	10.5
METH	22.7%	65.8%	39.8%	14.2

# Number of Prescriptions per Client

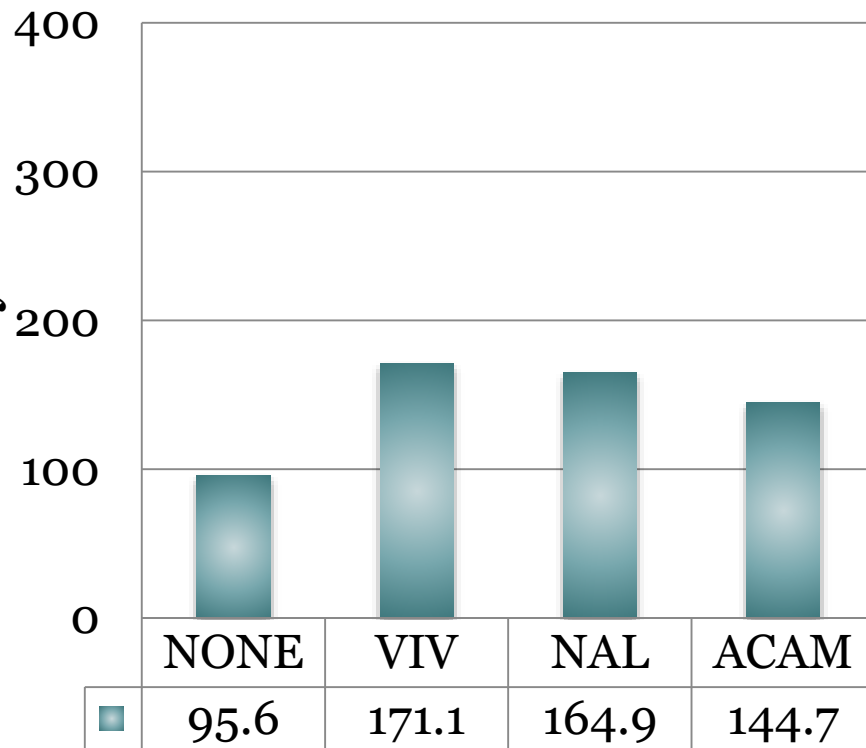
## Alcohol Group

## Opioid Group

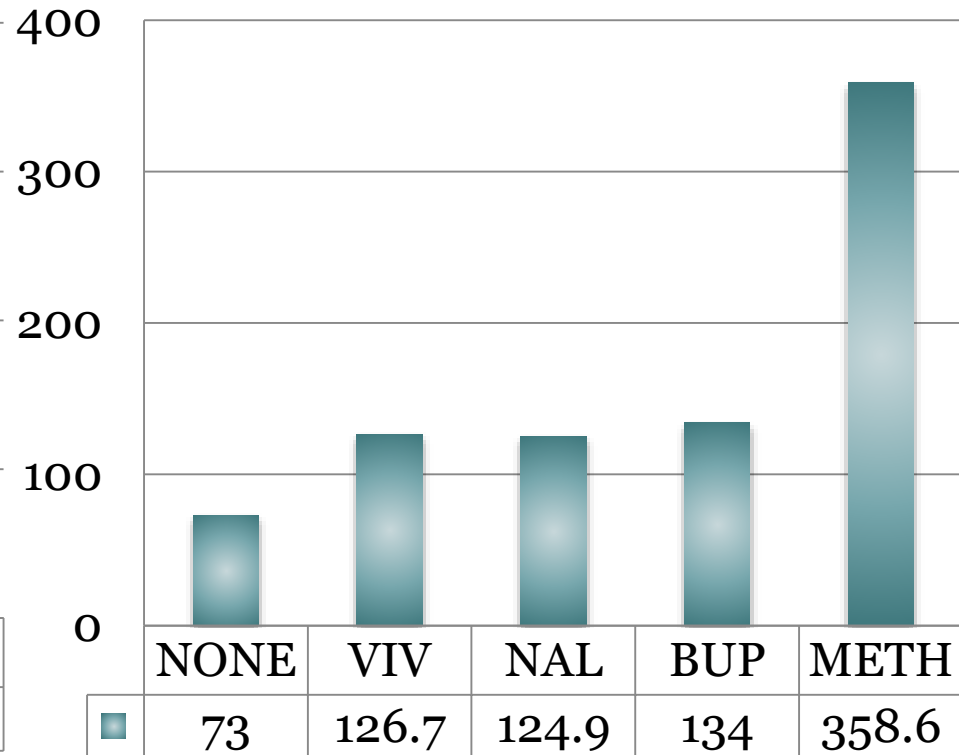


# Retention: Average Length of Engagement (days)

## Alcohol Problem



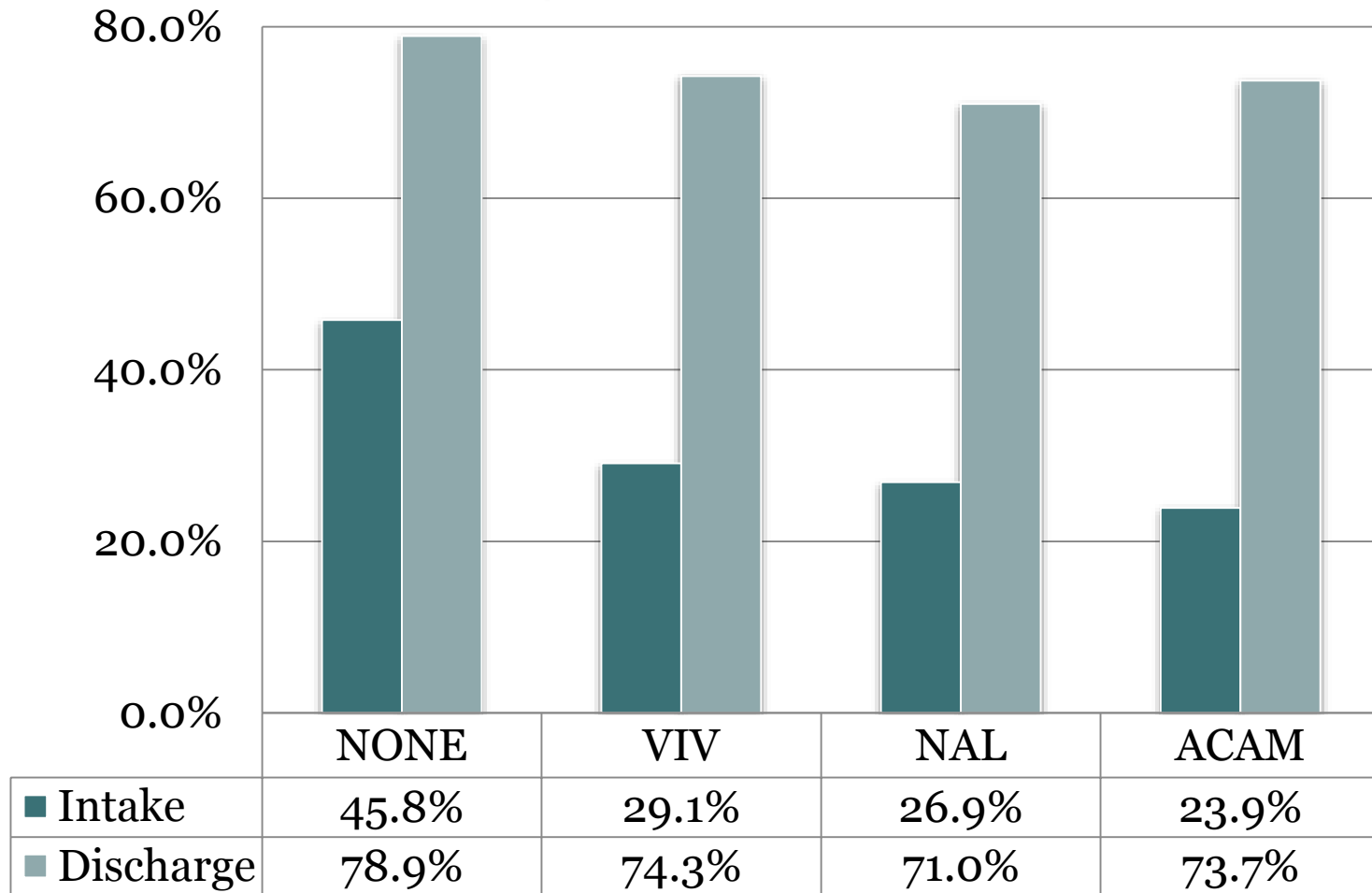
## Opioid Problem



Based on discharges between December 2008 and February 2013

# Abstinence: No Use in Past 30 Days

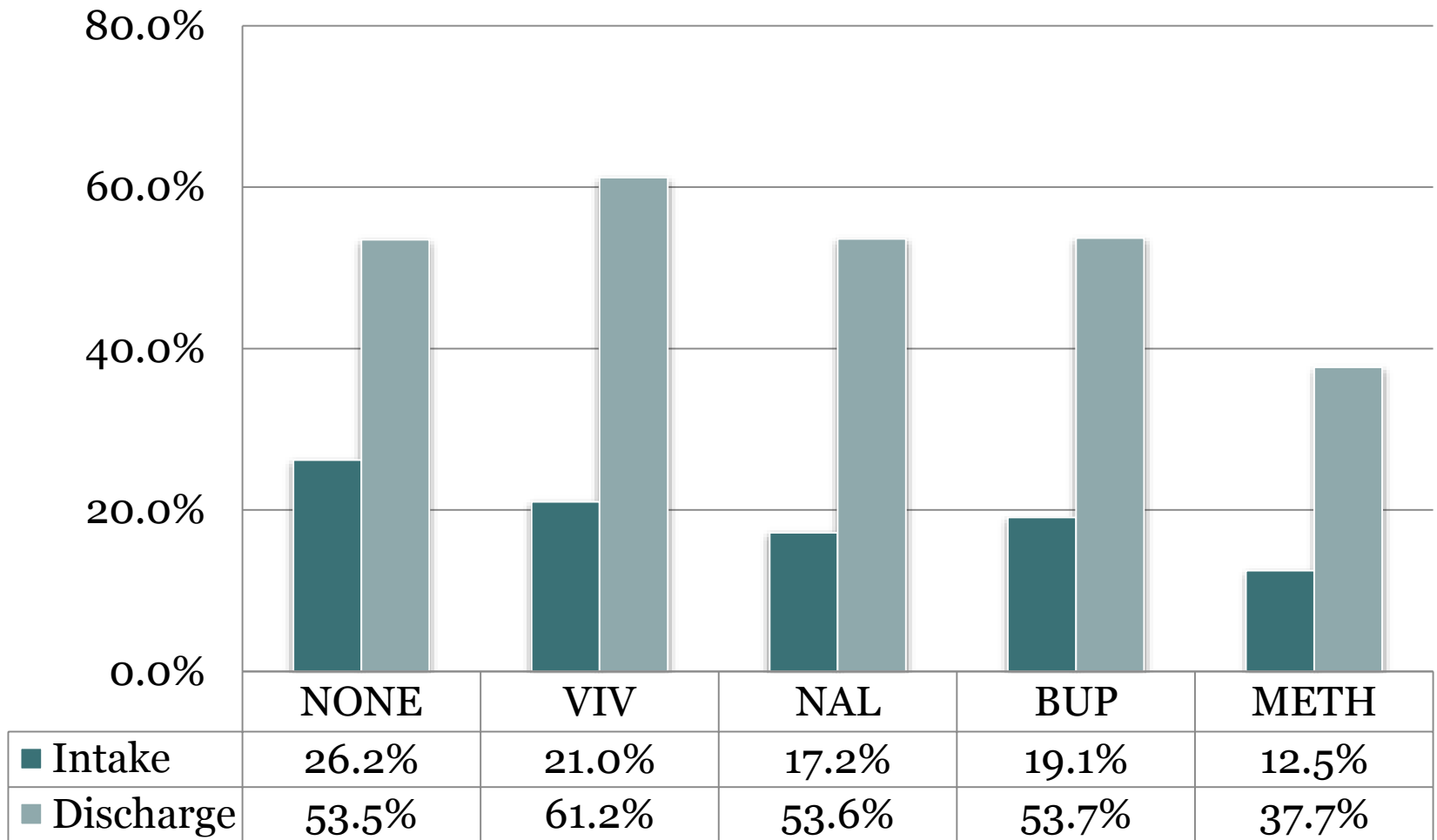
## Alcohol Problem Group



Based on discharges between December 2008 and February 2013

# Abstinence: No Use in Past 30 Days

## Opioid Problem Group

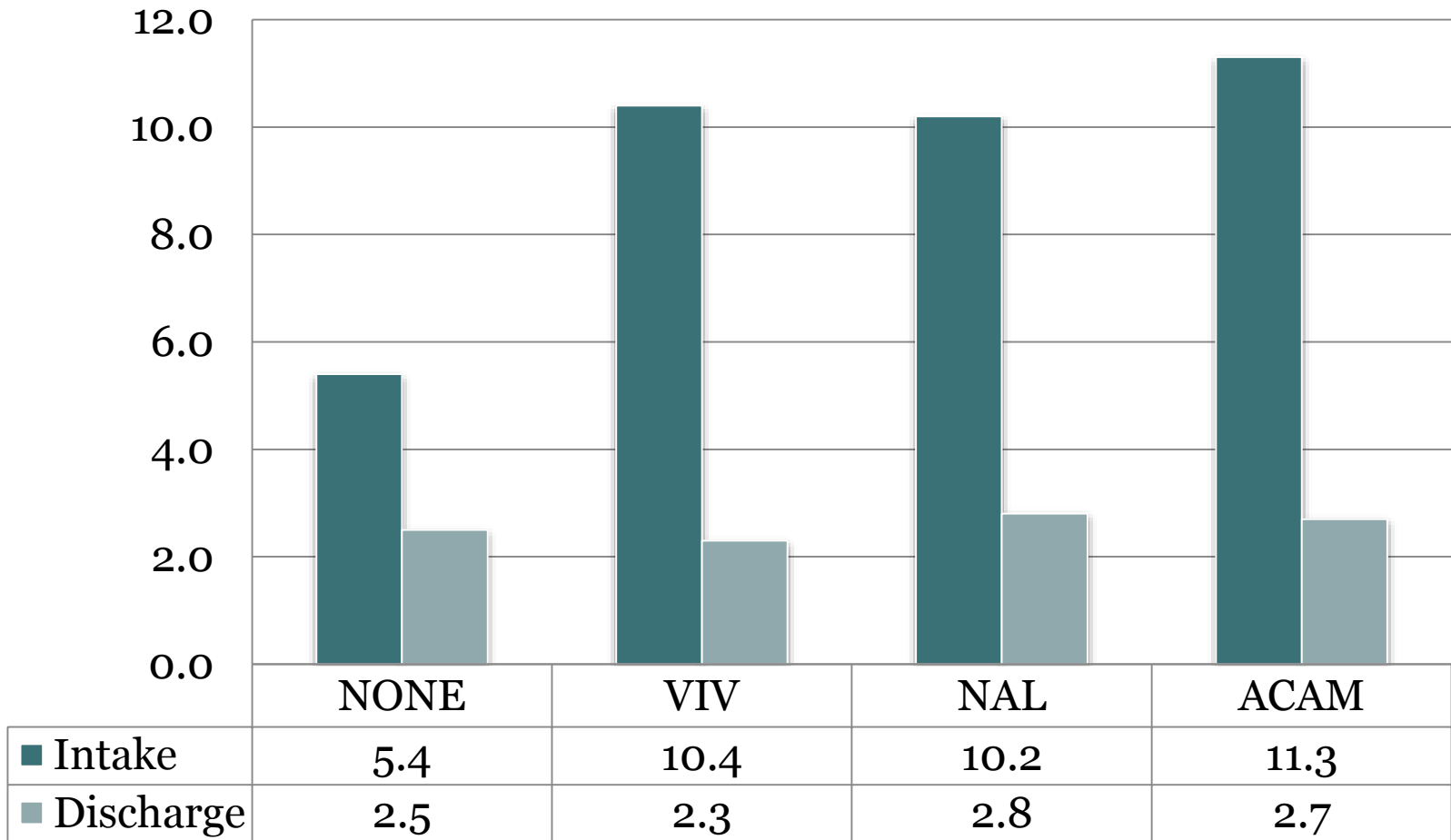


Based on discharges between December 2008 and February 2013



# Days of Alcohol Use in Past 30 Days

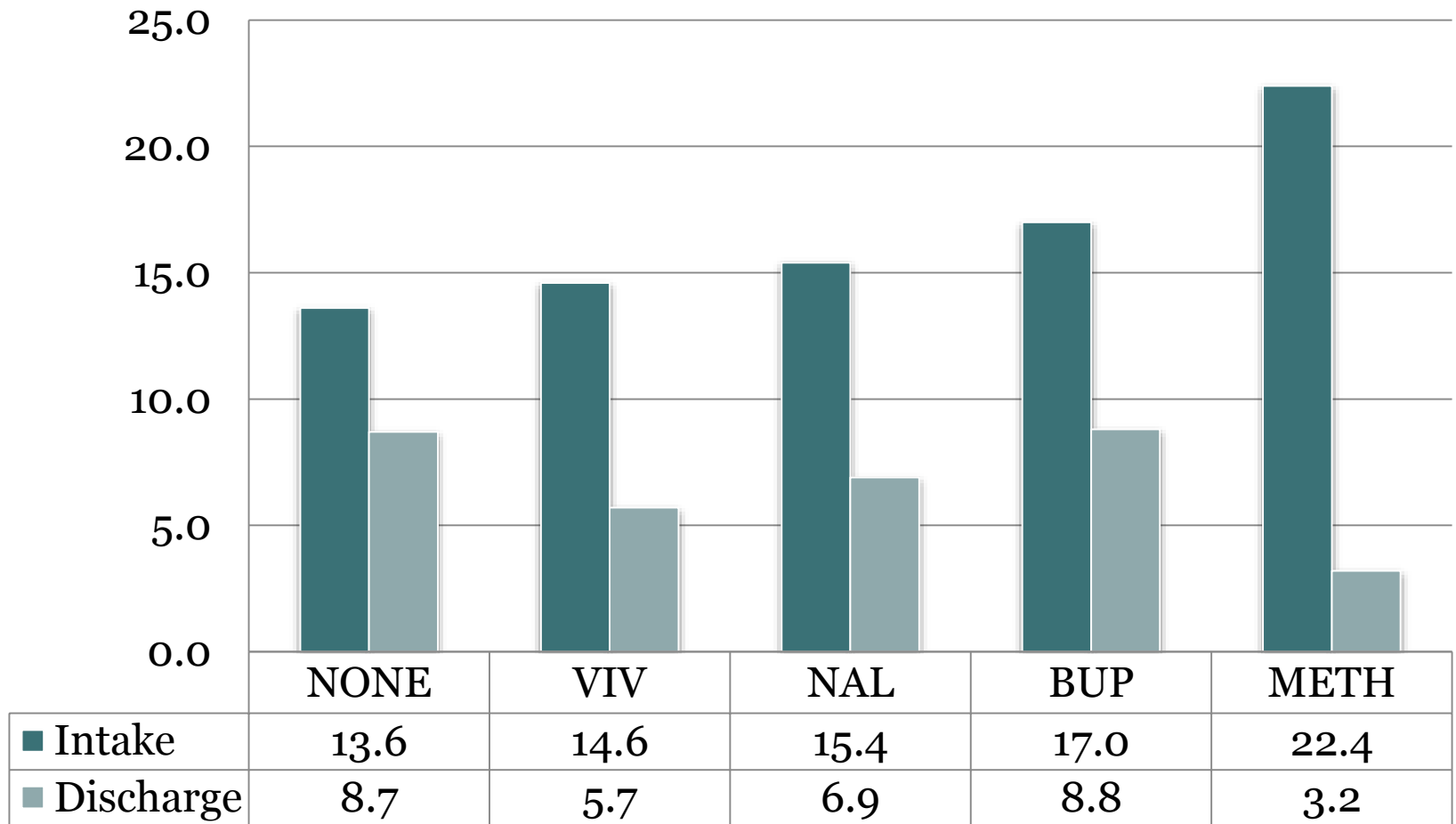
## Alcohol Problem Group



Based on discharges between December 2008 and February 2013

# Days of Heroin Use in Past 30 Days

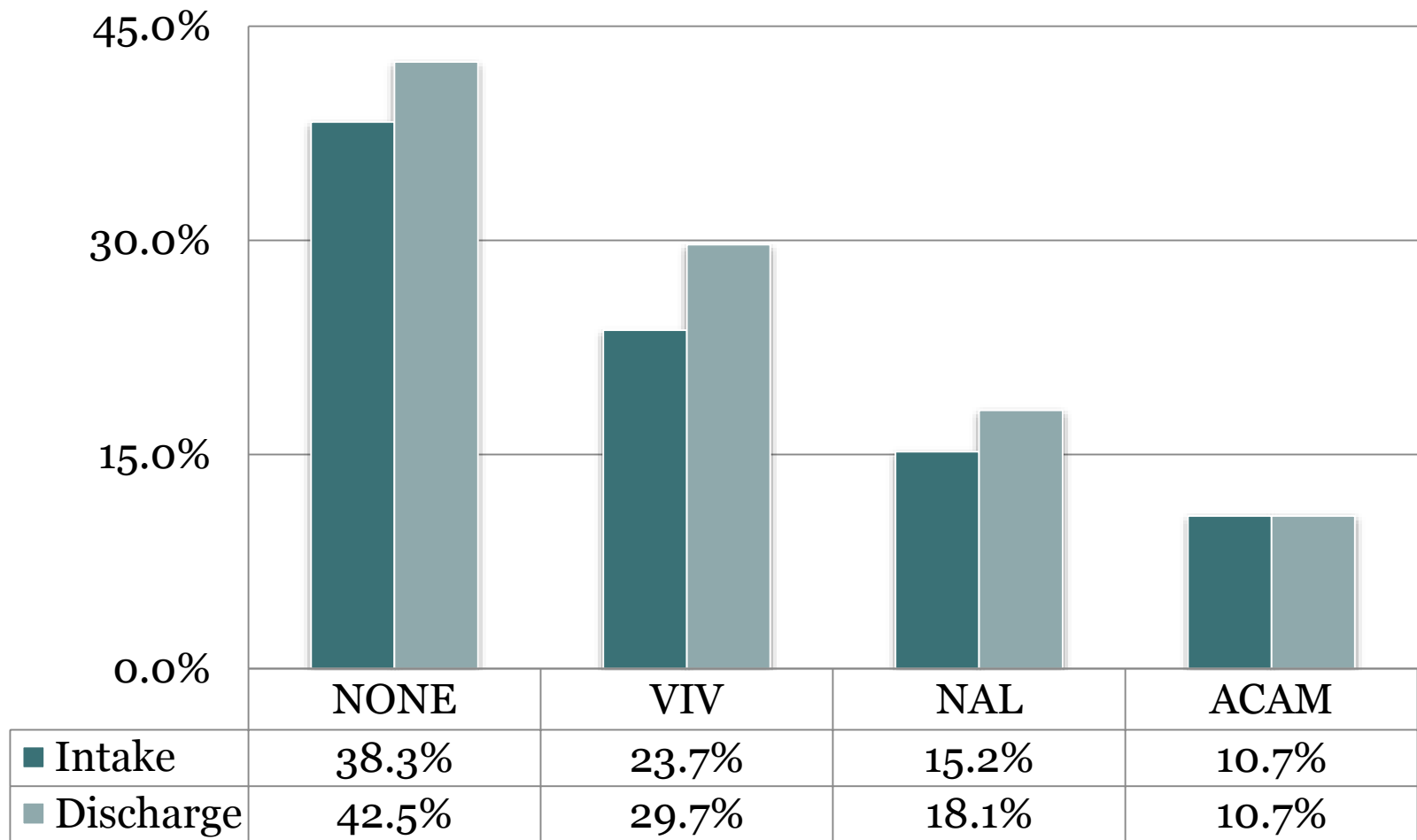
## Opioid Problem Group



Based on discharges between December 2008 and February 2013

# Employment (Full-time or Part-time)

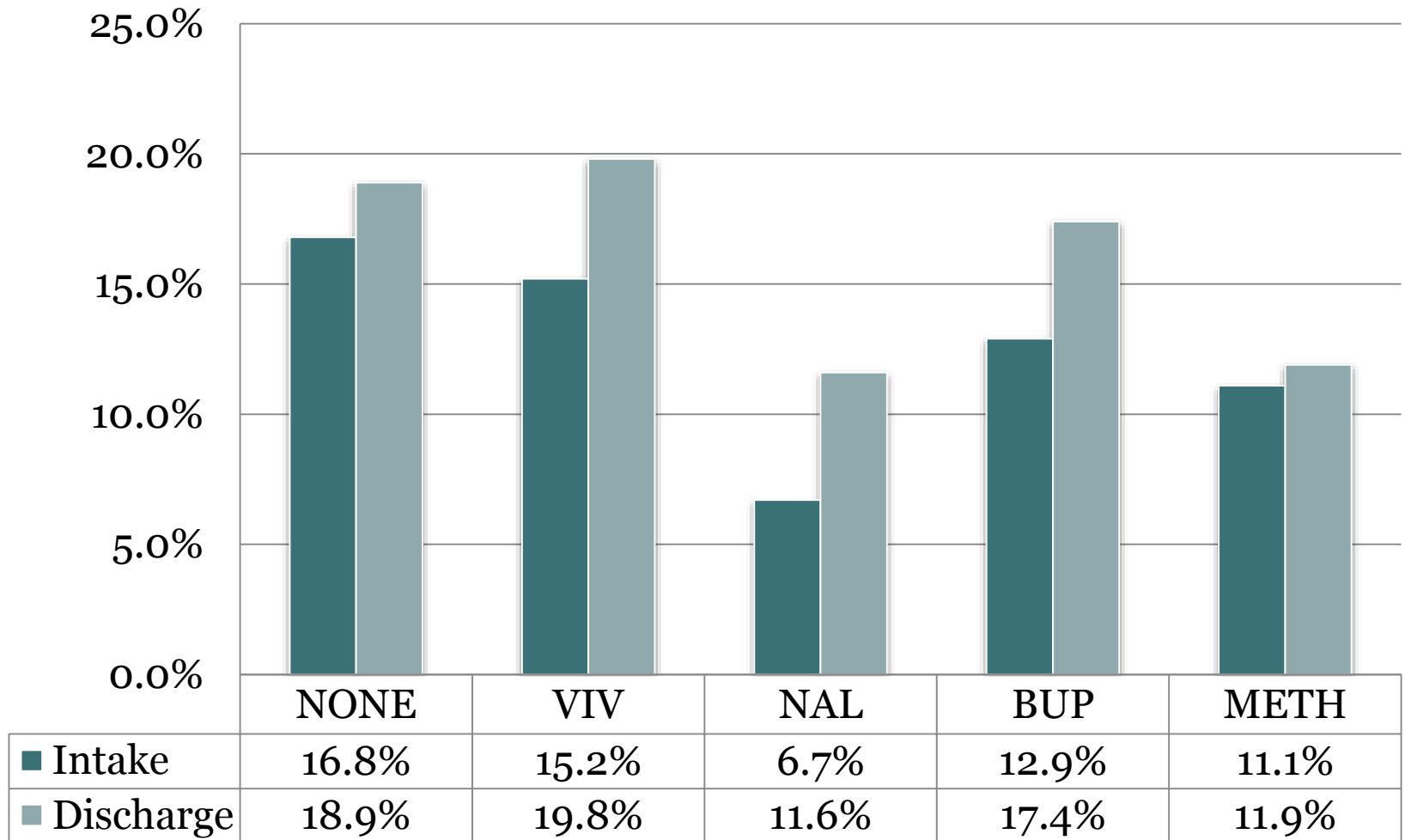
## Alcohol Problem Group



Based on discharges between December 2008 and February 2013

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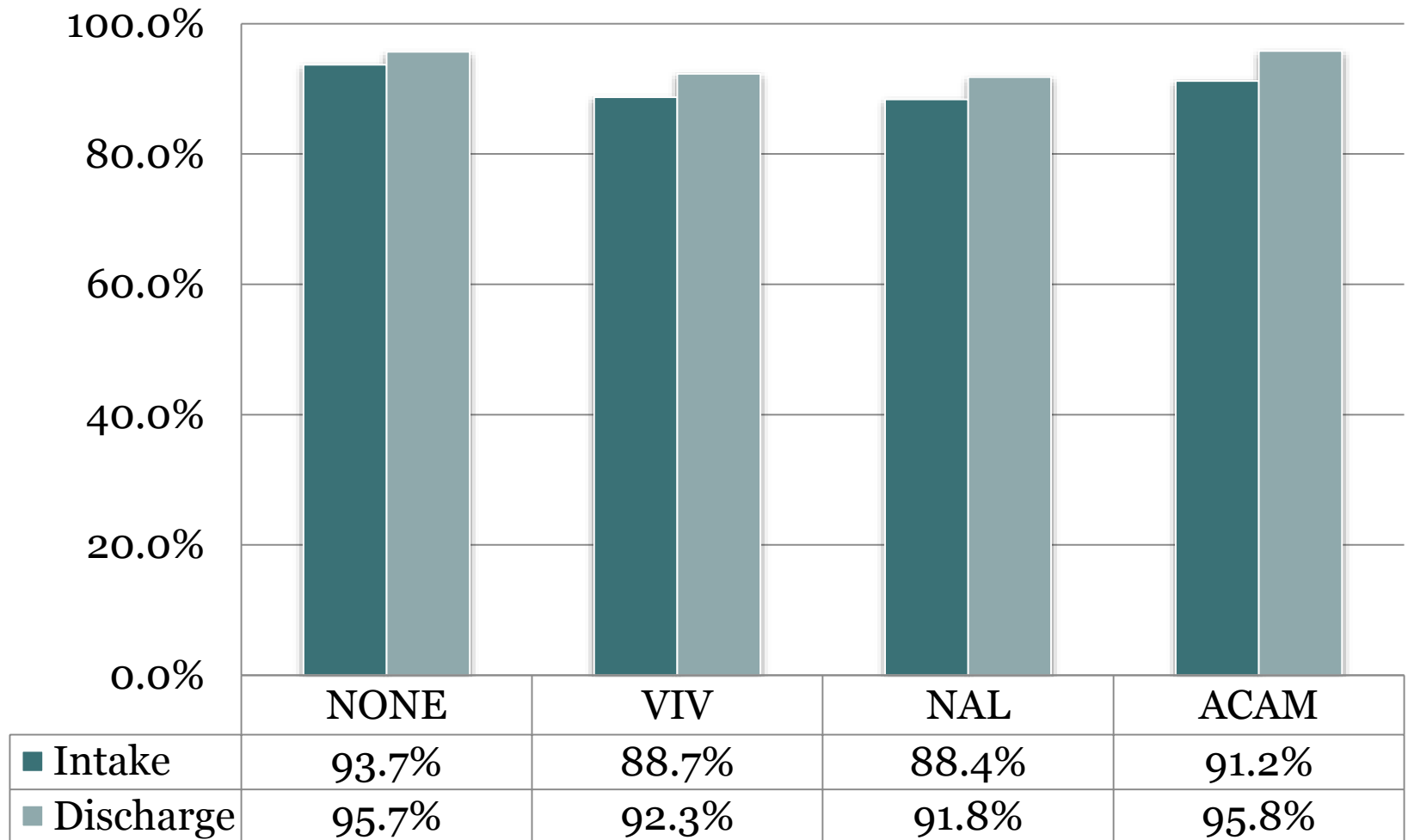
## Opioid Problem Group



Based on discharges between December 2008 and February 2013

# No Arrests in Past 30 Days

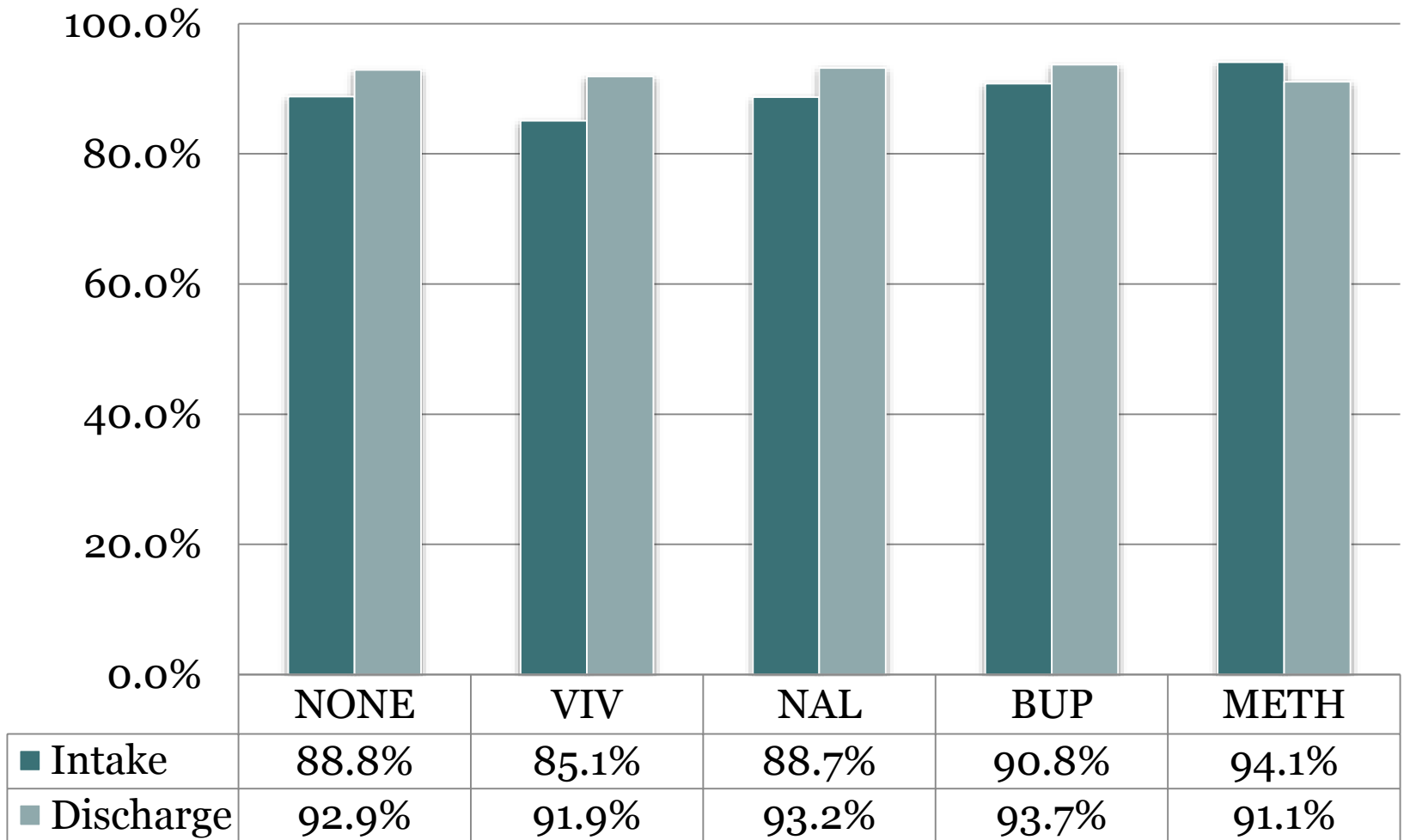
## Alcohol Problem Group



Based on discharges between December 2008 and February 2013

# No Arrests in Past 30 Days

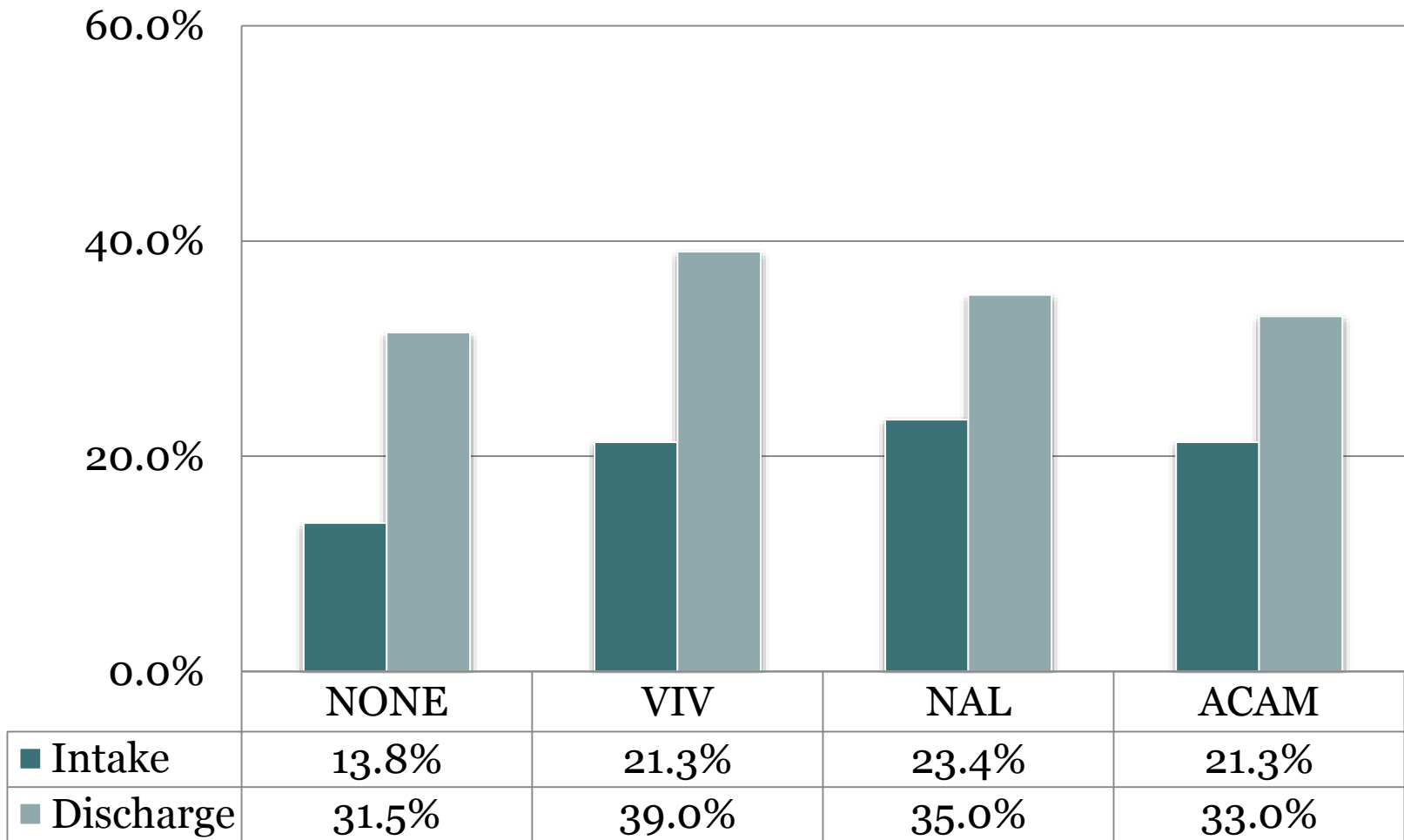
## Opioid Problem Group



Based on discharges between December 2008 and February 2013

# Participation in Self-Help Groups

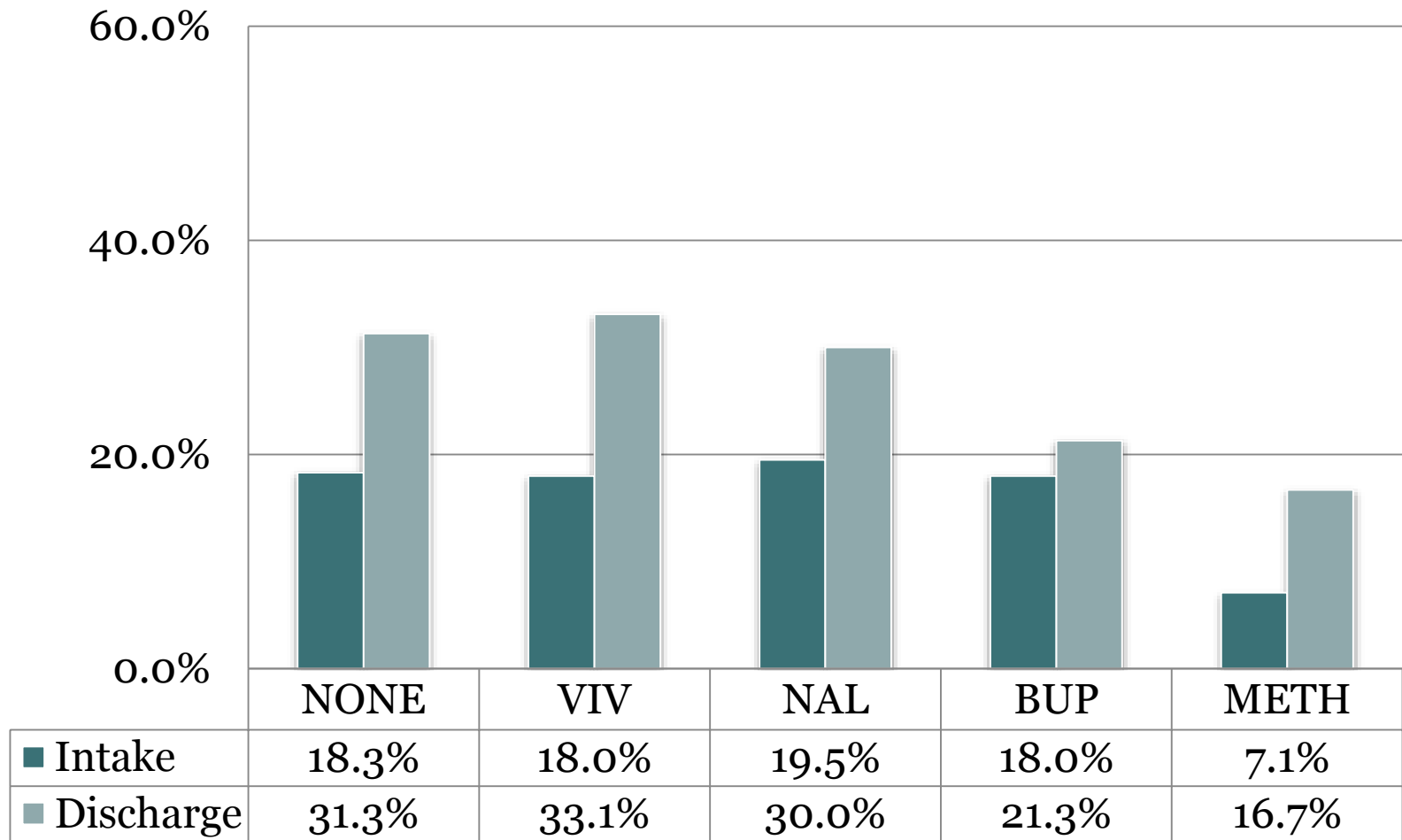
## Alcohol Problem Group



Based on discharges between December 2008 and February 2013

# Participation in Self-Help Groups

## Opioid Problem Group



Based on discharges between December 2008 and February 2013



# Overall Data Observations

Higher retention is obtained with pharmacotherapy in combination with counseling

- Opioid Treatment: Methadone has higher retention
- Alcohol Treatment: Vivitrol has higher retention

Clients who receive MAT tend to be more “difficult to treat” (i.e., at intake: unemployed, longer history of substance abuse, additional psychiatric issues, more recent substance use, etc.)

Clients who receive MAT are able to achieve comparable or better outcomes compared to the No Medication group

# Overall Lessons Learned

Consumer openness to taking medication correlates with clinician attitudes about MAT

Consumer, clinician, and prescriber education is essential

It is essential to have a champion for MAT at each site

Consumer success stories market MAT

Consider building in overhead reimbursement versus straight cost reimbursement on meds



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